

What is claimed:

1. A method, comprising co-administering effective amounts of a thrombolytic compound and an anti-CD18 antibody to a mammal in need thereof.
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2. The method of claim 1, wherein the thrombolytic compound is a tissue plasminogen activator (tPA).
- 10 3. The method of claim 1, wherein the anti-CD18 is a F(ab)'₂.
4. The method of claim 1, wherein the dose of the anti-CD18 antibody is in the range from about 100 μ g/kg to about 20mg/kg.
- 15 5. A method of treating a human acute myocardial infarction patient at risk of having Thrombolysis In Myocardial Infarction (TIMI) grade 2 or less blood flow in an infarct related artery (IRA) at least partially occluded by a thrombus or embolus, comprising co-administering effective amounts of a thrombolytic compound and an anti-CD18 antibody to a patient in need thereof.
- 20 6. The method of claim 5, wherein the co-administration provides a TIMI blood flow measured 90 min after start of administration of the thrombolytic compound which is TIMI grade 3.
- 25 7. The method of claim 6, wherein the TIMI blood flow is measured by a corrected TIMI frame count.
8. The method of claim 5, wherein the anti-CD18 antibody is administered at a time prior to administration of the thrombolytic compound to a time about 15 minutes 30 after administration of the thrombolytic compound.

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9. The method of claim 5, wherein the thrombolytic compound is administered at a dose of not more than about 100 mg/kg.
10. The method of claim 9, wherein the thrombolytic compound is administered as a 5 15 mg IV bolus dose, followed by infusion of 0.75 mg/kg over 30 min not to exceed 50 mg, followed by 0.5 mg/kg over 60 min not to exceed 35 mg.
11. The method of claim 10, wherein the anti-CD18 antibody is administered at a 10 dose in the range from about 100 μ g/kg to about 20mg/kg.
12. The method of claim 11, wherein the anti-CD18 antibody is administered at a dose of about 0.5-2.0 mg/kg.
13. A method of increasing blood flow in an infarct related artery (IRA) in a human 15 patient who has been treated with a thrombolytic compound which dissolves or removes a thrombus or embolus from an IRA at least partially occluded by the thrombus or embolus, comprising administering an effective amount of an anti-CD18 antibody to the patient in need thereof during the effective therapeutic window of the thrombolytic compound when administered alone.
14. A method of increasing blood flow in an infarct related artery (IRA) in a human acute myocardial infarction patient who has been treated with a thrombolytic compound which dissolves or removes a thrombus or embolus from an IRA at least partially occluded by the thrombus or embolus, comprising administering an 20 effective amount of an anti-CD18 antibody to the patient in need thereof at a time prior to administration of the thrombolytic compound to a time about 3 hr after administration of the thrombolytic compound.
15. The method of claim 14, wherein the anti-CD18 antibody is administered at a 25 time prior to, concurrent with, or up to 30 minutes after administration of the thrombolytic compound.

16. The method of claim 14, wherein the anti-CD18 antibody is administered at a dose of in the range from about 100 μ g/kg to about 20mg/kg.
- 5 17. A method for reducing infarct size, comprising co-administering effective amounts of a thrombolytic compound and an anti-CD18 antibody to a patient in need thereof.
- 10 18. The method of claim 17, wherein the thrombolytic compound is a tissue plasminogen activator (tPA).
- 15 19. The method of claim 17, wherein the anti-CD18 is a F(ab)'₂.
- 20 20. The method of claim 17, wherein the dose of the anti-CD18 antibody is in the range from about 100 μ g/kg to about 20mg/kg.
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